

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

09/199740
APPLICANT(S)

11-25-98

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL D.	4					
TOTAL P.	46					
TOTAL AIMS	50					

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BEST AVAILABLE COPY